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## EMPLOYEE SUGGESTION PROGRAM

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*APPLICATION: Full-time and part-time classified, faculty, and hourly wage employees.*

### **PURPOSE**

This policy establishes a statewide program to encourage employees to make suggestions for improving state government operations by saving money, making operations more efficient or effective, increasing revenue, or improving safety; to assess the potential value of the suggestions; and to reward employees whose suggestions are approved for implementation.

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### **DEFINITIONS**

#### **Agency ESP Coordinator**

An employee designated by the agency head to facilitate and promote the Employee Suggestion Program (ESP) in that agency, to serve as liaison with the Department of Human Resource Management (DHRM), and to forward suggestions to an appropriate evaluator when they are received by that agency for evaluation.

#### **Awards**

Cash payments, days of paid leave, and/or certificates of recognition given to employees by agencies for suggestions adopted because they have identifiable value to one or more agencies and/or to state government generally.

#### **DHRM ESP Manager**

The employee in the Department of Human Resource Management responsible for administering the ESP statewide.

#### **Eligible Employee**

Full- and part-time employees, including hourly wage and faculty employees, of all executive branch agencies, and of any other agencies of state government that have elected to participate in the program. Eligible employees may submit suggestions and are eligible for a certificate, cash, or paid leave, except that wage employees are not eligible for paid leave time. Employees who leave state service before an award is made remain eligible for a certificate and/or cash award for one year from the date of final disposition.

#### **ESP Procedures Manual**

A procedural guide to the Employee Suggestion Program for Agency ESP Coordinators and employees.

#### **Evaluation**

The analysis of a suggestion that documents the feasibility and merit of its adoption, including expected savings or revenue increases, or reasons for non-adoption. See Suggestion

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**Evaluator**

Evaluation Form (Attachment B) for this evaluation.

The employee to whom a suggestion is referred for evaluation because of his or her expertise in the subject matter of the suggestion and knowledge of related agency and state operations.

**Incurred Costs**

The costs incurred in implementing a suggestion and netted out of any savings or increased revenues produced by the suggestion, when stating expected or actual savings or revenue gains.

**Management  
Reviewer**

The supervisor or manager of the evaluator's unit/division who is qualified to review and support or reject the evaluator's assessment of a suggestion.

**Net Revenue or Net  
Savings**

The dollar amount generated or saved by an adopted suggestion during its first year of implementation, adjusted for any cost incurred in implementing. Cash awards are based on this figure.

**Suggestion**

A proposal made by an eligible state employee on the Employee Suggestion Form (Attachment A) that may produce the following results in one or more state agencies: increased productivity, reduction in expenditures, increased revenues, improved quality of services, or enhanced operational safety.

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**ESP GUIDELINES****Agency Participation**

All Executive Branch agencies shall participate in the Employee Suggestion Program. State agencies not in the Executive Branch may elect to participate.

Participating agencies shall:

- designate an ESP Coordinator,
- record the results of the implementation of suggestions,
- reward employees whose suggestions have been adopted, and
- promote the program, with support from DHRM, in order to maximize the benefits to the state.

**Submitting  
Suggestions**

Employees will submit their suggestions to the Employee Suggestion Program at the Department of Human Resource Management. The suggestion form is available at the ESP web site, <http://esp.dhrm.virginia.gov>; it may be completed and submitted through the web. The form may also be found in the ESP Procedures Manual, Appendix I, and may be submitted by e-mail ([esp@dhrm.virginia.gov](mailto:esp@dhrm.virginia.gov)) or sent in hard copy to DHRM.

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**Tracking Suggestions**

Suggestions receive a number when submitted. This number identifies the suggestion throughout the evaluation process. Every attempt will be made to ensure the anonymity of the suggester until the suggestion is approved for adoption.

**Employees Eligible for Award**

All full-time classified, part-time classified, faculty, and wage employees in participating agencies may be eligible for award, and their suggestions remain eligible for one year from the date of final disposition of the suggestion. A suggester's eligibility for award is based on his or her employment status at the time the suggestion is received by DHRM.

A former state employee whose suggestion had not completed the evaluation and implementation process before the employee separated from state service will remain eligible for cash award and/or a certificate for one year from the date of final disposition of the suggestion.

**Suggestion Eligibility**

Suggestions are eligible for award consideration when their implementation causes activity related to the suggestion which results in savings (including cost avoidance) or increased revenue, or when operational, service, or safety improvements occur. Suggestions may be implemented in the employee's own agency and/or in one or more other agencies.

Suggestions may be ineligible for award consideration for several reasons. For example, a suggestion is ineligible for award when an employee can be expected to implement it as part of his or her job duties, responsibilities and assigned tasks, or can implement it without higher level approval. Additional criteria for suggestion eligibility are described in detail in the ESP Procedures Manual.

Determination of eligibility is made by DHRM with input from the employee, the employee's agency, or other agencies, as needed.

**Evaluator  
Qualifications and  
Role**

When a suggestion is received from DHRM for evaluation, the Agency ESP Coordinator should select an employee who possesses knowledge of the suggestion's subject matter and of agency/state operations. The evaluator should be sufficiently qualified to consider the following:

- originality of the idea;
- potential value/benefit of the idea;
- feasibility of implementation;
- extent of application;

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- estimation of costs; and
- estimated savings to be expected from implementation.

The evaluator is expected to consult with appropriate agency fiscal personnel to develop cost, revenue, and/or savings information.

An employee may not evaluate his or her own suggestion.

**Group or Duplicate Awards**

If two or more employees individually submit similar suggestions that are received at the same time, the suggestions will be evaluated together, and any awards will be divided equally among all eligible suggesters. Two or more employees may join to submit suggestions as a group. Any award will be shared equally among eligible group members, except that paid leave is awarded in increments of no less than four (4) hours.

**Patents and Copyrights**

Patents and copyrights, or materials that are potentially eligible for patent or copyright, that are developed within the scope of an employee's job or when using state-owned or state-controlled facilities shall be the property of the Commonwealth of Virginia. (This provision does not apply to employees of state-supported institutions of higher education who are subject to intellectual property policies of their institutions.)

**Use of Suggestion**

The state shall have the right to make full use of suggestions submitted by employees to the ESP. The use of employee suggestions by the state shall not be the basis of further claims of any kind by the suggester or the suggester's heirs or assigns.

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**CASH AWARDS****Awards of Cash**

Awards of cash are authorized only for eligible employees whose ideas

- are adopted and implemented and
- result in quantifiable dollar savings or increased revenue.

NOTE: Cash payments will not be made in cases where federal regulations or local fund restrictions prohibit such payments. Agencies are encouraged to request that their funding sources provide award payments as appropriate under the ESP unless prohibited.

**Funding of Cash Awards**

Cash awards are to be made to suggesters by implementing agencies from savings and/or revenue actually generated in the first year of implementation of the suggestions. If all anticipated savings/revenues are generated within the first year, the calculation and award may occur at that time and before the full

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year has elapsed. Agencies are responsible for identifying the source (program) of savings or increased revenues and for paying cash awards from that program. See ESP Procedures Manual for payment processing information.

**Calculation of Award  
as Percentage of  
Savings or Revenue**

Cash awards shall be computed as a percentage of net savings or revenue as outlined below.

If the amount of net

1<sup>st</sup> yr. savings/revenue is:    the cash award will be:

over \$20,000                      \$5,000 + 1% of amt over \$20,000

\$501 - \$20,000                25% of the savings/revenue

\$101 - \$500                    25% or 1 day of leave (employee opt)

\$100 or less                    No cash award is made.

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**NON-CASH  
AWARDS**

Eligible classified employees may receive non-cash awards of one to five days of paid leave for suggestions that result in significantly improved processes, programs, services, or safety, for which benefits are not quantifiable.

**Factors Used to  
Determine Value**

Evaluators are to use the following six factors in estimating the point value of a suggestion:

- degree of improvement in operations, forms, facilities, or equipment;
- degree of improvement in employee relations, working conditions, safety, service to the public, or public attitude;
- extent of application;
- completeness of proposal;
- effort involved in developing the idea; and
- cost of adoption.

See the ESP Procedures Manual and Suggestion Evaluation Form for further information, including chart for converting points to days of leave.

**ESP Leave**

ESP leave days are managed in the same way as compensatory leave (see Policy 3.10, Compensatory Leave). ESP leave not taken within 12 months will be forfeited. Active ESP leave balances will be paid when the employee leaves state service.

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**Wage Employees**

Wage employees whose suggestions are adopted may not receive paid leave. Agencies are encouraged to recognize them in other appropriate ways, including non-monetary awards through the agency's Recognition Program. See Policy 1.20, Employee Recognition Programs.

**CERTIFICATES OF RECOGNITION**

DHRM will coordinate the process for obtaining a certificate of recognition signed by the Director of DHRM and the Governor, and will send this to the employee's agency for signature by that agency head and for appropriate presentation to the employee.

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**DHRM ROLE**

The Department of Human Resource Management is responsible for:

- developing and interpreting this policy;
- providing web-based access to program forms and other information;
- collecting information concerning ESP submissions and awards and producing an annual report;
- providing promotional support for the program and assisting agencies' promotional efforts; and
- publicizing accepted suggestions and financial awards to state employees.

DHRM will manage the program by:

- receiving and tracking suggestions;
  - *confirming receipt of suggestion to the suggester within 30 days.*
  - protecting the identity of the suggester during the evaluation process;
  - determining an appropriate agency for evaluating each suggestion;
  - forwarding the suggestion to the ESP Coordinator in the selected agency;
  - receiving and reviewing the completed evaluation, and informing the suggester (and his or her agency, if the suggestion is to be adopted) of the evaluation result;
  - confirming the number of days of paid leave to be awarded for suggestions of intangible value, and forwarding to the agency for award;
  - ensuring that the final value of the first year's implemen-
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tation of a suggestion with tangible benefits is recorded by the affected agency or agencies, and directing a cash award based on that value;

- obtaining and sending to the suggester's agency a certificate of recognition if the suggestion is adopted; and
- arranging for an appeal panel when a suggester appeals an eligibility ruling or evaluation result.

DHRM will maintain a list of Agency ESP Coordinators and will communicate with them on program matters.

### **Appeal Process**

*Suggesters may appeal determinations of non-eligibility and decisions not to adopt their suggestions to DHRM. An informal re-evaluation process may be offered and, if acceptable, will be conducted. If the suggester does not agree to this process or is not satisfied with the results, DHRM will assemble a group of individuals suitable to the needs of the specific suggestion, ensuring representation of the private sector as required by Va Code §2,201291 (12). This group will conduct any research needed, consider the issues, and render a final decision on the suggestions.*

*Suggesters may also appeal to have a suggestion re-considered if they believe that the idea was implemented within one year after receiving the non-adoption notice.*

*All appeals should be presented to DHRM in writing and in a timely manner.*

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### **AGENCY ROLE**

Agency heads in executive branch agencies and other participating agencies are responsible for ensuring that their agencies comply with the policies and procedures of the ESP as found in this policy and in the ESP Procedures Manual. Key responsibilities include:

- appointing an Agency ESP Coordinator and ensuring that he or she fulfills the requirements of that role as outlined in this policy and in the ESP Procedures Manual;
- promoting participation in the program;
- *ensuring that ESP evaluations are evaluated within 60 days from the time it was submitted. Program reports to the legislature and Governor will include information on suggestion evaluations that have not met this time limit.*
- ensuring that selected employees complete evaluations of suggestions as requested by DHRM through the Agency

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ESP Coordinator;

- ensuring that the proper amount of leave time is awarded;
  - ensuring maintenance of financial and other data needed to document savings or increases in revenue resulting from implementation of an ESP suggestion;
  - directing payment of the correct cash award to the suggester after the first year the suggestion is implemented, or sooner if all anticipated savings/revenues have been realized; and
  - conducting appropriate events to recognize employees whose suggestions have been adopted.
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**AUTHORITY**

The Department of Human Resource Management issues this policy pursuant to the authority provided in Va. Code § 2.2-1201.

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**INTERPRETATION**

The Director of the Department of Human Resource Management is responsible for official interpretation of this policy, in accordance with section Va. Code § 2.2-1201 (12).

Questions regarding the application of this policy should be directed to the Department of Human Resource Management's Office of Agency Human Resource Services.

The Department of Human Resource Management reserves the right to revise or eliminate this policy at any time.

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**RELATED  
POLICIES**

1.20, Employee Recognition Programs

3.10, Compensatory Leave

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# Employee Suggestion Form

## Employee Suggestion Program

A program of the Department of Human Resource Management

<i>What is ESP?</i>	The Employee Suggestion Program (ESP) is a program that provides employees with an opportunity to be rewarded for innovative and creative ideas for improving state government.
<i>Who can participate?</i>	All full-time, part-time, or wage/hourly employees of the Commonwealth of Virginia may submit suggestions.
<i>What are the rewards?</i>	Rewards range from cash to days of leave.
<i>How do I submit a suggestion?</i>	Read the Eligibility Requirements and Rules, then complete the Employee Suggestion Form and send it in as directed.
<i>Whom may I contact for questions on the ESP program?</i>	You may contact your Agency ESP Coordinator or the Department of Human Resource Management for questions regarding the program. Information is also available in the ESP Procedures Manual and HR Policy #1.21.

## Eligibility Requirements

### Suggestions are eligible if they meet the following criteria.

- Propose practical improvements to some part of state government.
- Are submitted in a timely manner.
- States specifically what the improvement is and how it can be made.
- Are submitted by:
  - an individual employee; or
  - a group of employees submitting the suggestion together and using the same form. (The names of all employees submitting the suggestion should be attached to the form.)

### Suggestions are not eligible if they:

- are within the employee's authority or responsibility to implement;
- concern matters already under consideration;
- concern personal grievances or complaints; or
- concern policies or procedures that are not being followed or that are not being applied properly.

## ESP Information

- Suggestions remain valid for one year from their submission.
- Cash awards normally are paid after one year so that savings can be calculated to determine the award amount. Awards are subject to federal, state, and local taxes that will be withheld according to applicable regulations.
- Decisions made by the Employee Suggestion Program are final. However, if new or additional information is presented, a decision will be reviewed.
- The ESP has the exclusive right to set award policy and structure. The State retains the right to terminate or change the Employee Suggestion Program at any time.
- The use of employee suggestions by the State shall not be the basis of further claims of any kind by the suggester, or the suggesters' heirs or assigns.
- Other requirements and rules are contained in the Employee Suggestion Program Procedures Manual, which is available from your Agency ESP Coordinator and as an attachment to DHRM Policy 1.21 on the DHRM website.

**Fields that are marked with an asterisk are required.**

*First Name	
Middle Initial	
*Last Name	
Position/Working Title	
*Agency	
Department/SubDivision	
Work or Home Address	
City/State/Zip Code	
*Daytime Telephone	
E-mail Address	
My suggestion will	<input type="checkbox"/> Save money <input type="checkbox"/> Make operations more efficient or effective <input type="checkbox"/> Increase Revenue <input type="checkbox"/> Improve Safety

	Y	N
Is this suggestion within your authority or responsibility to achieve or change?		
Can you make this change without the approval of higher level management?		
As far as you know, is this suggestion already being considered?		
Does this suggestion relate to a personal grievance or complaint?		
Does this suggestion relate to a policy that is not being applied properly?		
Have you submitted this suggestion before, within the past year? If yes, date and suggestion number:		

1. Describe the present situation, condition, method, or procedure to be improved. Please be specific. Attach pages if needed. Indicate number of pages attached. \_\_\_\_

2. What is your suggestion? Be specific – describe the improvement and tell how it can be made. Attach pages if needed. Indicate number of pages attached. \_\_\_\_

3. How will your suggestion improve the present situation or benefit the agency or state? Attach pages if needed. Indicate number of pages attached. \_\_\_\_

4. If money will be saved or generated, provide estimates of savings or revenues. Attach pages if needed. Indicate number of pages attached. \_\_\_\_

Is this suggestion being made by more than one employee? If so, list below.

By submitting this form, I certify that I am employed by the Commonwealth of Virginia. I have read the eligibility requirements and rules as stated on this form and in Policy #1.21, and I agree that the State shall have the right to make full use of my suggestion.

Name:

Date:

Submit this suggestion by sending it to the Employee Suggestion Program, Department of Human Resource Management, 101 N. 14<sup>th</sup> Street, Richmond, VA 23219, or by e-mailing to [ESP@DHRM.state.va.us](mailto:ESP@DHRM.state.va.us).



# SUGGESTION EVALUATION FORM

**EMPLOYEE SUGGESTION PROGRAM USE ONLY. EVALUATING AGENCY ESP COORDINATOR PLEASE COMPLETE PART I:**

## PART I.

Suggestion #:	Suggestion Topic/Category Code (Table Attached):	Date Received:
Evaluating Agency Code/Title:	Evaluating Unit:	Date Sent to Evaluator:
<b>T0 (evaluator):</b>		

## INSTRUCTIONS:

1. Please use this form to evaluate the attached suggestion: Type or print clearly in black ink.
2. For assistance, call Agency ESP Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Coordinator.
3. Complete, date, and return signed form to Agency ESP Coordinator by \_\_\_\_\_ Date: \_\_\_\_\_

## PART II. REVIEW OF SUGGESTIONS

1. If any of the following apply to this suggestion, indicate which and explain.

- ☐ A. Relates to a personal grievance or complaint.
- ☐ B. Involves pay practices.
- ☐ C. Unclear, incomplete, or not specific.
- ☐ D. Concerns established procedures not being followed.
- ☐ E. Concerns result or subject of studies, audits, surveys, etc.

2. To your knowledge, does this suggestion accurately describe the current situation, condition,

method, procedure, etc., in Section II of the Employee Suggestion Form?

\_\_\_ Yes \_\_\_ No If No, what is the actual current situation?

3. To your knowledge, has this suggestion previously been proposed/considered by agency management?

\_\_\_ Yes \_\_\_ No If Yes, what action was taken? (Supporting documentation pre-dating suggestion should be available on request.)

4. If implemented, would this suggestion stimulate other savings/improvement activities?

\_\_\_ Yes \_\_\_ No If Yes, describe action stimulated.

## Analysis and Recommendation

1. Do you recommend that this suggestion be adopted and implemented?

\_\_\_ Yes \_\_\_ No Please explain your recommendation.

2. Please note issues that would need to be considered in order to implement this suggestion.

3. Would the proposed change require legislative action?

\_\_\_ Yes \_\_\_ No

<p>If Yes, would you support such action?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	
<p>4. What benefits can be derived from this suggestion?</p> <p><input type="checkbox"/> Tangible    <input type="checkbox"/> Intangible    <input type="checkbox"/> None</p> <p>If you believe that benefits would derive from implementing this suggestion, please complete Part III.</p>	
<p>5. What agencies could benefit from implementing this suggestion?</p> <p><input type="checkbox"/> All</p> <p><input type="checkbox"/> Categories or names of agencies:</p>	
<p>Signed:</p> <p>_____</p> <p>(Signature of Evaluator)</p>	<p>This evaluation complies with the policies of the Employee Suggestion Program, signed:</p> <p>_____</p> <p>(Signature of Agency ESP Coordinator)</p>
<p>_____</p> <p>(Print Name)</p>	<p>_____</p> <p>(Print Name)</p>
<p>_____</p> <p>(Date)</p>	<p>_____</p> <p>(Date)</p>
<p>I concur with this evaluation of the suggestion.</p> <p>_____</p> <p>(Signature of Supervisor/Manager of Evaluator)</p> <p>_____</p> <p>(Print Name)</p> <p>_____</p> <p>(Date)</p>	

## PART III. CALCULATION OF BENEFITS - RECOMMENDED SUGGESTIONS ONLY

### SECTION A – DETERMINATION OF TANGIBLE BENEFITS

#### Item One

I agree that implementing this suggestion will result in financial earnings or savings.

\_\_\_ Yes    \_\_\_ No    If No, please explain.

#### Item Two

I agree with the suggester's estimate of money earned or saved.

\_\_\_ Yes    \_\_\_ No    If No, please explain.

IF THE SUGGESTION WILL RESULT IN FINANCIAL EARNINGS OR SAVINGS, PLEASE FORWARD THIS FORM TO YOUR AGENCY'S FISCAL OFFICE FOR COMPLETION OF SECTION C.

### SECTION B – DETERMINATION OF INTANGIBLE BENEFITS

Complete this Section only if the suggestion is recommended for adoption AND the answer to Item One in Section A is "No." Points total determines the number of days of leave to be awarded.

#### FACTORS

#### POINTS AWARDED

##### 1. Degree of improvement in operations, forms, facilities or equipment

None ..... 0 Pts.  
 Minor ..... 5 Pts.  
 Moderate ..... 15 Pts.  
 Major ..... 20 Pts.

\_\_\_\_\_ Pts.

##### 2. Degree of improvement in employee relations, working conditions, safety, service to the public or public attitude:

None ..... 0 Pts.  
 Minor ..... 5 Pts.  
 Moderate ..... 15 Pts.  
 Major ..... 20 Pts.

\_\_\_\_\_ Pts.



# FACTORS

## POINTS AWARDED

### 3. Extent of application:

- Single operation, facility, office ..... 0 Pts.
- Several operations, facilities, offices ..... 5 Pts.
- A majority of the employees, facilities,  
divisions of an agency or university ..... 10 Pts.
- A majority of the employees, facilities,  
divisions of two or more agencies..... 15 Pts.
- Statewide (most agencies, universities) ..... 20 Pts.

\_\_\_\_\_ Pts.

### 4. Completeness of proposal:

- Not completely or clearly presented or  
required considerable clarification ..... 0 Pts.
- Basic facts sound, needed some refining ..... 5 Pts.
- Facts clearly presented, little further  
effort required to put idea into effect ..... 10 Pts.
- Facts clearly presented, no further effort  
required to put idea into effect ..... 20 Pts.

\_\_\_\_\_ Pts.

### 5. Effort involved:

- No research involved ..... 0 Pts.
- Average substantiation ..... 5 Pts.
- Considerable personal research..... 15 Pts.

\_\_\_\_\_ Pts.

### 6. Cost of adoption:

- Large ..... 0 Pts.
- Moderate ..... 5 Pts.
- Small ..... 10 Pts.

\_\_\_\_\_ Pts.

**TOTAL POINTS:**

\_\_\_\_\_ Pts.

**SECTION C – COMPUTATION OF DOLLAR SAVINGS (To be completed by Fiscal Officer.)****SUGGESTION SAVINGS DUE TO CHANGES IN:**

\_\_\_ Labor      \_\_\_ Supplies      \_\_\_ Revenue      \_\_\_ Energy Usage      \_\_\_ Other (specify)  
\_\_\_ Space      \_\_\_ Equipment      \_\_\_ Materials      \_\_\_ Maintenance Procedure

**COMPARISON OF PERIODS (compare two [2] twelve-month periods)**

Old Method		Suggested Method	
Starting Date:	Ending Date:	Starting Date:	Ending Date:

To project dollar savings or revenue expected from implementing this suggestion, complete the section below that best represents savings that would realistically result from the suggestion. NOTE: This estimate is for use in evaluating the suggestion. Any award to the suggester will be based on actual first-year results.

**COST SAVINGS CALCULATIONS****A. Determine Annual Cost of Old Method:**

Determine units of measure (hours, tons, miles, kilowatts, pieces, items, copies, etc.).

$$\frac{\text{Number of Units Per Year}}{\text{Year}} \times \text{Cost Per Unit} + \text{Other Costs (explain)} = \text{Annual Cost of Old Method}$$

**B. Estimate First-Year Cost of Suggested Method:**

Use same units of measure as in old method.

$$\frac{\text{Number of Units Per Year}}{\text{Year}} \times \text{Cost Per Unit} + \text{Other Costs (explain)} = \text{Projected Annual Cost of Suggested Method}$$

**C. Estimate Cost to Implement:**

List one-time costs to implement that are not included in B above.

(1) Capital Items	(2) Cost	(3) Years of Life	(4) 2 – 3 = 4 (First-Year Cost)
Total Cost:			

**D. Revenue Producing Calculation:**

Determine annual revenues of old system for first 12-month period of implementation.

$$\left[ \frac{\text{Revenue per Unit – Suggested}}{\text{Revenue per Unit – Old}} \right] \times \frac{\text{Unit per Year – Suggested Method}}{\text{Unit per Year – Old}} = \text{Increased Revenue}$$

**E. First-Year Savings Calculation:**

$$\frac{\text{Annual Cost – Old Method}}{\text{Annual Cost – Suggested Method}} - \left[ \frac{\text{Annual Cost – Suggested Method}}{\text{Annual Cost – Suggested Method}} + \frac{\text{Cost to Implement Minus Revenue}}{\text{Cost to Implement Minus Revenue}} \right] = \text{Projected Net First-Year Savings}$$

This computation of first-year savings represents reasonable and accurate costs with adherence to State budget policies.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Evaluating Agency Fiscal Officer)

## PART IV. DHRM'S RECOMMENDATION

This suggestion will be sent to agency(ies) to be implemented. The employee should receive the following award:

\_\_\_ Tangible      Cash (Amount based on actual savings or revenue for first 12 months of implementation, or total savings or revenue if realized in less than 12 months.) \_\_\_\_\_

\_\_\_ Intangible      Days of Leave\* \_\_\_\_\_

\*Based on the following scale:

<u>Points</u>	<u>Day of Leave</u>
89-105	5 Days
71-88	4 Days
53-70	3 Days
35-52	2 Days
18-34	1 Day
Less than 18	None

Comments:

Signed: \_\_\_\_\_

(DHRM ESP Manager)

Date: \_\_\_\_\_

**ESP CATEGORY CODE TABLE**

<b>*CODE</b>	<b>CATEGORY DESCRIPTION</b>
<b>01</b>	<b>ACCOUNTING AND BUDGETING</b>
<b>02</b>	<b>ADMINISTRATIVE PROCESSES</b>
<b>03</b>	<b>BENEFITS</b>
<b>04</b>	<b>BUILDINGS AND GROUNDS</b>
<b>05</b>	<b>BUSINESSS OPERATIONS AND PROCEDURES</b>
<b>06</b>	<b>COMMUNICATIONS, PUBLICATIONS</b>
<b>07</b>	<b>ENERGY, ENVIRONMENT</b>
<b>08</b>	<b>FORMS, AUTOMATED AND PAPER</b>
<b>09</b>	<b>HUMAN RESOURCES</b>
<b>10</b>	<b>INFORMATION TECHNOLOGY</b>
<b>11</b>	<b>LEGAL REQUIREMENTS</b>
<b>12</b>	<b>METHODS AND EFFICIENCY</b>
<b>13</b>	<b>PARKING</b>
<b>14</b>	<b>POLICY</b>
<b>15</b>	<b>PURCHASING AND CONTRACTING</b>
<b>16</b>	<b>REVENUE</b>
<b>17</b>	<b>SAFETY, SECURITY, HAZARD REDUCTION</b>
<b>18</b>	<b>SERVICE OR QUALITY IMPROVEMENT</b>
<b>19</b>	<b>SUPPLIES OR EQUIPMENT</b>
<b>20</b>	<b>TRAVEL REGULATIONS</b>
<b>21</b>	<b>WASTE, RECYCLING</b>
<b>22</b>	<b>WORKPLACE CONDITIONS</b>
<b>23</b>	<b>NO CATEGORY ASSIGNED</b>

**\*Agency ESP Coordinators: Please categorize suggestion in the most specific suitable category, noting code on Suggestion Evaluation Form.**